



Connecticut Pest Control Association Inc. Membership Application

Firm

License No.

Contact Name

Title

Street Address

City

State

Zip Code

Phone

Fax

E-Mail

Website

Referred by

Connecticut Membership Dues

Select the appropriate category and enter amount on **Total Dues** line.

	Membership Category	Dues
<input type="checkbox"/>	Allied Member	\$125
<input type="checkbox"/>	Associate Member	\$75
<input type="checkbox"/>	Out of State Member	\$125

Total Dues (Amount Enclosed): _____

Payment Information

Send the application and appropriate payment to:

Connecticut Pest Control Association Inc.

10460 North Street

Fairfax, VA 22030

Fax: 703-352-3031

Email: alindley@pestworld.org

- Check is enclosed # _____
- Please bill my : Visa
 Mastercard

Thank you for your support!

Card Number

Expiration Date

Security Code

Cardholder Name

Signature

Questions? Please contact Alison Lindley with CPCA at 703-352-6762 / alindley@pestworld.org
<http://www.cpcanline.org/>